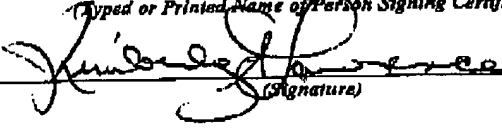
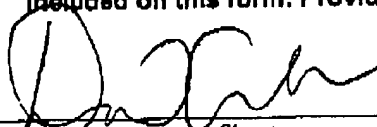


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 14XZ00133/GEM-0205
Applicant(s): Severine Leveau-Mollier			
Application No. 10/000,156	Filing Date 10/30/2001	Examiner Lu, Tom Y.	Group Art Unit 2621
Invention: METHOD AND APPARATUS FOR QUALIFICATION OF IMAGE DETECTORS			
RECEIVED CENTRAL FAX CENTER DEC 22 2005			
I hereby certify that this <u>Resp and Amend (21ps), Amend Trans (1p), RCE Trans (1p), Ext of Time (1p)</u> <small>(Identify type of correspondence)</small>			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)			
on <u>December 22, 2005</u> <small>(Date)</small>			
 Kimberly A. Lawrence <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14XZ00133/GEM-0205	
Applicant(s): Severine Leveau-Mollier					
Application No. 10/000,156	Filing Date 10/30/2001	Examiner Lu, Tom Y.	Customer No. 23413	Group Art Unit 2621	Confirmation No. 8241
Invention: METHOD AND APPARATUS FOR QUALIFICATION OF IMAGE DETECTORS					
COMMISSIONER FOR PATENTS:				RECEIVED CENTRAL FAX CENTER DEC 22 2005	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	73 -	72 =	1	x \$50.00	\$50.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$50.00
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 50-2513 in the amount of \$50.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-2513 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 40%;"> _____ Signature</div><div style="width: 50%; text-align: right;">Dated: December 22, 2005</div></div><div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; border: 1px solid black; padding: 5px;">David Arnold Registration No. 48,894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 phone: 860-286-2929 fax: 860-286-0115</div><div style="width: 50%; border: 1px solid black; padding: 5px;"><div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div><div style="text-align: center; margin-top: 10px;">_____ Signature of Person Mailing Correspondence</div><div style="text-align: center; margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Correspondence</div></div></div><div style="margin-top: 20px;">cc:</div></div>					

P111LARGE/REV09